



## Georgia Board of Dentistry

A Division of the  
Georgia Department of Community Health

### Decorative Wall Certificate Order Form

- ❖ Complete print/type form below – your name will be printed on the wall certificate the same as on your pocket-card license.
- ❖ Submit this form with the appropriate fee by personal check, money order or cashier's check made payable to the Georgia Board of Dentistry.

Dentist - \$50

Dental Hygienist - \$25

- ❖ **Please do not submit this form and check until you are in receipt of your license.**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip)

Daytime Telephone #: \_\_\_\_\_

License #: \_\_\_\_\_

Return this completed form with the required fee to:

GEORGIA BOARD OF DENTISTRY  
A Division of the Georgia Department of Community Health  
2 Peachtree St., N.W.  
36<sup>th</sup> Floor  
Atlanta, GA 30303  
(404) 651-8000

**Please allow six (6) weeks for delivery.**